

INSTRUCTIONS FOR COMPLETING ADULT INDIGENT DEFENSE FEE CLAIM FORM

Type only in the spaces provided on the form.

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1. **County** Enter the name of the county in which the appointment originated.
 2. **Court Number** Enter the case number. If more than one case number, list the most serious charge first.
 3. **Order to Exceed** Indicate whether an order authorizing the attorney to exceed the fee limitations is attached to this claim.
 4. **Client First Name** Enter client's first name.
 5. **Client Last Name** Enter client's last name.
 6. **Date of Appointment** Enter the effective date of the court appointment and include a copy of the Appointing Order directly behind the claim form.
 7. **Representing** Indicate whether you represented a "defendant" or "other." If "other," explain.
 8. **Date of Service** Enter the date the case was dismissed, the client was acquitted or sentenced, the date on which a final dispositive hearing, or the date of the attorney's withdrawal from the case. If a Motion for Reconsideration is filed in a criminal case, the date the Court rules on that motion is the date of service. The Iowa Code requires that claims be submitted within 45 days of the date of service.
 9. **Iowa Code sections** List applicable penalty code sections with the most serious charge listed first. The hourly rate applicable to the first code section listed will determine the rate for the entire claim.
 10. **Client Charged With the Offense(s)** If more than one charge, list most serious charge first. If post-conviction case, list PCR and also the original charge. If contempt, just list contempt.
 11. **Claim Summary** Provide the information on lines 12 through 21.
 12. **Out-of-Court Hours** Enter the total hours, as shown on the itemization, claimed as out-of-court hours. Indicate hours in tenths. Do not include time spent preparing the fee claim.
 13. **In-Court Hours** Enter the total hours, as shown on the itemization, claimed as in-court hours. Indicate hours in tenths.
 14. **Total Attorney Hours** Combine lines 12 and 13.
 15. **Rate** Enter hourly rate for total attorney hours and multiply line 14 by the rate and enter the total.
 16. **Paralegal Hours** Enter the total hours, as shown on the itemization, claimed as paralegal hours.
 17. **Rate** Enter hourly rate for total paralegal hours and multiply line 16 by the rate and enter the total.
 18. **Hourly Fee Subtotal** Combine the extended amounts on lines 15 and 17 and enter the total.
 19. **Expenses** List separately amounts claimed for telephone, copies, mileage, meals/lodging, postage, and other appropriate out-of-pocket expenses.
 20. **Expense Total** Combine all expenses claimed.
 21. **Claim Total** Combine lines 18 and 20 and enter the total here.
 22. **Disposition** Check the appropriate box to indicate disposition. Note: For interim claims see administrative rules for explanation.
 23. **Billing Status.** Indicate whether prior claims have been submitted in this case and, if so, the total amount billed previously.
 24. **Date** Indicate the date on which the claim was signed.
 25. **Signature** The attorney appointed to the case must sign the form. Type/print first name [including initial] and last name in boxes.
 26. **Make Payment to** Enter the name, address, telephone number, fax number, and Federal tax identification number or social security number in the appropriate boxes. If any of this information is different than prior claims, check "Change of Information." If you change your social security number or federal ID number changes you must submit a new substitute form W-9 to be paid.
 27. **Approved for Payment** Leave Blank.
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Attachments Attached to the claim form should be the following, in this order: a copy of the order appointing counsel, any application and order to exceed fee limitations and any other court order that may affect the amount of the claim, one typed itemization detailing the dates, services provided and billable hours for each service, and receipts for out-of-pocket expenses paid. The itemization should separately delineate in-court time, out-of-court time, paralegal time, and all expenses claimed. The total hours claimed should be the same as on the front of the claim form. Staple the claim form and attachments together in the upper left corner.

For assistance contact the State Public Defender's Office at 515-242-6158 or e-mail to claims@spd.state.ia.us.